



Fact Sheet:



The History of Perinatal Substance Abuse Services in California

1986

The Department of Alcohol and Drug Programs (ADP) created the Select Committee on Perinatal Alcohol and Drug Use (first known as the Select Committee on Alcohol-Related Birth Defects) in late 1986. Its original charge was to explore the causes and impact of alcohol-related birth defects and to produce a comprehensive report with concrete recommendations that would significantly reduce this problem. The Committee convened two statewide forums that drew over 150 experts in the fields of alcohol/drug services, maternal and child health, education, and public policy. The four major recommendations resulting from these two forums were:

- Establish pilot projects for comprehensive, coordinated services for pregnant and parenting women;
- Conduct a statewide media campaign on perinatal alcohol and drug use;
- Establish local coalitions for the prevention of perinatal alcohol and drug use; and
- Provide cross-training of health and social services providers.

All four of these recommendations were implemented by ADP.

1988

The Health and Welfare Agency began receiving alarming statistics regarding perinatal substance abuse from several departments under its auspices.

1989

In response to these statistics, the Health and Welfare Agency established the State Interagency Task Force (SITF) to develop a coordinated state strategy to address the substance abuse treatment needs of pregnant and parenting women. The SITF was comprised of representatives from ADP, and the Departments of Health Services (DHS), Social Services (DSS), and Developmental Services (DDS).

Budget Act language provided funding for ADP, in collaboration with the SITF, to create the three-year Options for Recovery (OFR) Pilot Program in the counties of San Diego, Los Angeles (two sites), Sacramento, and Alameda; areas of high neonatal toxicology. Each site received \$1.5 million to design and implement comprehensive substance abuse treatment programs for pregnant and parenting women and their children. The total Budget Act authorization for all sites each year was approximately \$8 million.

ADP established technical assistance contracts to provide training to the OFR Pilot Program, cross-training of social service agencies and alcohol and drug providers, and to develop a statewide media campaign to raise awareness regarding perinatal substance abuse. The cross-training and media campaign were Select Committee recommendations.

Also, in response to the Select Committee recommendations, ADP granted counties \$10,000 by Request for Proposal to develop local coalitions for the prevention of perinatal alcohol and drug use.

There were 10 counties initially and by 1991, there were 29 counties in all. The grants were intended to assist community groups launch prevention education and service coordination efforts.

1990

AB 3010 (Speier) established in statute the Office of Perinatal Substance Abuse (OPSA) and the SITF. The main task of the SITF was to continually develop and evaluate the pilot projects. The statute also designated ADP as lead agency for the SITF.

The OFR Pilot Program was expanded to include Contra Costa County and the regional project (comprised of Shasta, Glenn, Tehama, Siskiyou, and Butte Counties). As with the original pilots, these sites received \$1.5 million each.

1991

The Perinatal Treatment Expansion Initiative increased perinatal substance abuse services for women and their children statewide. This \$25 million Initiative provided \$15 million in State General Funds (SGF) for program expansion (with an \$8 million federal Drug Medi-Cal match), and \$2 million in SGF for the landmark Perinatal Substance Exposure Study (PSES). OPSA staff wrote the first set of State guidelines for perinatal programs.

1992

OPSA staff traveled statewide to conduct site reviews and provide technical assistance to newly established programs. Program guidelines were revised. Reports to the Governor and the Legislature regarding the pilot projects were prepared and distributed.

1993

The federal Substance Abuse Prevention and Treatment (SAPT) Block Grant established the Perinatal Set-Aside, which required that 10 percent of the grant be used for perinatal services.

The SAPT Block Grant guidelines established the first federal regulations for programs serving pregnant and parenting women. Most of the standards set forth in these guidelines were already included in California's requirements for perinatal programs. OPSA revised the State perinatal guidelines to comply with federal regulations, and to incorporate OFR Pilot Program components and the Perinatal Treatment Expansion Initiative requirements. All three of these perinatal programs were now operating under the same guidelines and were called the Perinatal Services Network.

The PSES was released to the public and garnered nationwide attention with the alarming statistic that over 69,000 newborns are prenatally exposed to alcohol and other drugs (AOD) each year in California.

1994

In 1994, the OFR Program ceased its pilot status, and the SITF was restructured to include representatives from all areas of the State and from other State departments.

2006

OPSA oversees a statewide network of over 300 perinatal alcohol and other drug treatment programs that annually serve over 38,000 pregnant and parenting women, plus their children. Programs may supplement their budgets with grants and contributions and can charge fees based on a client's ability to pay. In addition, State and federal perinatal funds support activities in research, technical assistance, collaboration and coordination, education, and outreach.

As of 2007

In 2007, Director Renee Zito expanded OPSA to establish the Office of Women's and Perinatal Services (OWPS). This is the beginning of many enhancements to improve AOD services for women of all ages, their children, and their families. Director Zito's vision is that every woman in need of AOD services in California will have access to the services she needs. Women, not just pregnant and parenting women, need access to comprehensive, gender responsive services. All women seeking services deserve to have the kind of gender-responsive, trauma-informed services that the best perinatal programs have been providing for years.